

DSS-106A-4
3/90

VISUAL SCREENING

CHILD'S NAME: _____ DOB: _____

DATE OF EXAMINATION: _____

OBSERVATIONS AND/OR RESULTS: _____

DOES CHILD NEED FOLLOW-UP APPOINTMENT? YES _____ NO _____

WHY? _____

DATE OF CHILD'S NEXT APPOINTMENT: _____

EXAMINER'S SIGNATURE _____

ADDRESS: _____

PHONE: _____

File: Original, Passport Folder
Copy, Professional, Section III.